

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

COMPLAINTWarren D. Friday*(Enter above the full name of the plaintiff or plaintiffs and prisoner number of each plaintiff in this action)*

v.

CIVIL ACTION NUMBER: 2:05cv394

(to be completed by the Court)

Jones County Sheriff
Department Larry Diker
& Captain Flynn*(Enter above the full name of the defendant or defendants in this action)***OTHER LAWSUITS FILED BY PLAINTIFF****NOTICE AND WARNING:****The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.**

- A. Have you ever filed any other lawsuits in a court of the United States? Yes (X) No ()
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

- Parties to the action: Sheriff Joe Stuart Poplarville Ms 39470
Lowndes County Medical Department Columbus Ms 39701
- Court (if federal court, name the district; if state court, name the county): Northern District Oxford Ms
Southern District Gulf Port
- Docket Number: Northern: 1:04 CV 127 D.A. Southern 1:04 CV 599
- Name of judge to whom case was assigned: Judge Alexander Oxford, Judge T.M. Roper Southern
- Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): No

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Doug Friday Prisoner Number: 43982
 Address: Unit 29-L Building Parchman Ms 38738

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Larry Dikes and Captain Flynn is employed
 as
Sheriff (Dikes) Flynn as Jail Administrator at The County Jail
in Laurel Ms 39437

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF(S):

NAME: <u>Doug Friday</u>	ADDRESS: <u>Unit 29 L Building B-Zone</u> <u>Parchman Ms. 38738</u>
_____	_____
_____	_____

DEFENDANT(S):

NAME: <u>Larry Dikes</u> <u>Captain Flynn</u> <u>County of Jones Co</u>	ADDRESS: <u>5178 Hwy 11 North Ellisville Ms 39437</u> <u>5178 Hwy 11 N. Ellisville Ms 39437</u> <u>5178 Hwy 11 N. Ellisville Ms 39437</u>
_____	_____
_____	_____
_____	_____

ATTACHMENT TO FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes X No _____

B. If your answer to A. is yes, describe the conviction in the spaces below.

1. Name and location of court which entered the judgment of conviction

Louise County

2. Date of judgment of conviction and the sentence received

9-03- 2 years and 3 year run Consecutive

3. Date of the sentence

5 years

C. Are you presently incarcerated for a parole or probation violation?

Yes _____ No X

D. If your answer to C. is yes, describe the parole or probation in the spaces below,

1. Date of your parole or probation

None

2. Date of your arrest for parole or probation violation

None

Doug Lickley
SIGNATURE OF PLAINTIFF

ADMINISTRATIVE REMEDIES PROGRAM

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes (☒) No ()

B. Are you presently incarcerated for a parole or probation violation?

Yes () No (☒)

C. Did you present the facts relating to your complaint in the administrative or grievance procedure in your institution?

Yes (☒) No ()

1. If you answer to C is yes,

a. State the date your claims were presented: _____

b. State how your claims were presented. (Written request, verbal request, request for forms)

I had asked my Case worker to help me with getting my work time plus I had ASK the Jail Administrator

c. State the result of that procedure. (You must attach a copy of the final result, such as a certificate from the administrator of the Administrative Remedies Program stating that you have exhausted your administrative remedies.)

2. If you have not filed a grievance, state the reasons: _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

I was a State inmate. I was brought to Jones County Jail on a court order. I was jumped on by 3 guards and maced. I was at this jail for 2 days when this happened. The jail administrator put me to work in the kitchen as a trusty. I was already in trusty status with MDOC. I worked for over 3 months for 7 days a week. I ask the jail administrator to please put me in for my EARN time. They had other state inmates working and receiving there EARN time because of this I will do another 2 months in Prison. I mail Captain Flynn a jail allotment form which he never filled out and mailed in.

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I want 3,200 dollars for my work that I work for the County of Jones County. They refused to give me my EARN that by law I should have received for my work. All I ask for is my EARN time.

Signed this 6 day of June, 20 05

Unit 29-L Building B-Zone
Barckman Ms. 38738

Doug Friday
Signature of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

6-26-05
(Date)

Doug Friday
Signature of plaintiff